

United States of America v.

Case No.: 05-214M
 PDID: _____

GREGORY GOODING

Name

Address

Telephone Number

HIGH INTENSITY SUPERVISION PROGRAM (REVISED 11/29/04)

YOU ARE HEREBY RELEASED ON THE CONDITIONS INDICATED BELOW. THESE CONDITIONS WILL BE IN EFFECT UNTIL YOUR CASE IS DISPOSED OF, OR UNTIL THEY ARE CHANGED OR AMENDED BY A JUDICIAL OFFICER.

<input checked="" type="checkbox"/>	Community Supervision	<p>You have been placed into the Community Supervision Phase of the High Intensity Supervision Program with Electronic Monitoring and are to follow the rules, regulations, and requirements of the Program. You are to:</p> <p>Report for Program orientation on <u>4/26/05</u> at 10:00 a.m. at 633 Indiana Avenue, 10th floor, Suite 1020, NW, Washington, DC.</p> <p>Maintain face-to-face contact, abide by a curfew, attend group sessions, and/or participate in drug testing, as directed by the Pretrial Services Agency staff. You are to refrain from any illegal drug use. Failure to refrain from illegal drug use or to comply with your drug testing condition will result in an assessment for your placement into the Sanction-Based Treatment Program. Infractions of your contact and/or curfew requirements will, at a minimum, result in a more restrictive curfew, increased reporting requirements, and/or placement in the Home Confinement Phase of the Program, as described below and on the reverse of this Order.</p>
<input type="checkbox"/>	Home Confinement	<p>You have been placed into the Home Confinement Phase of the High Intensity Supervision Program with Electronic Monitoring and are to follow the rules, regulations, and requirements of the Program. You are to:</p> <p>Report for Program orientation on _____ at 10:00 a.m. at 633 Indiana Avenue, 10th floor, Suite 1020, NW, Washington, DC.</p> <p>Maintain a 24-hour curfew for the initial 21 days of Program participation. In addition, you are to maintain face-to-face contact, attend group sessions, and/or participate in drug testing, as directed by the Pretrial Services Agency staff. You are to refrain from any illegal drug use. Failure to refrain from illegal drug use or to comply with your drug testing condition will result in an assessment for your placement into the Sanction-Based Treatment Program. Infractions of your contact and/or curfew requirements will, at a minimum, result in an increase in your 21 days of 24-hour curfew for up to an additional 21 days. After successfully completing the Home Confinement Phase, you will be placed into the Community Supervision Phase of the Program.</p>
STAY AWAY	<p>You are to stay away from: _____</p>	
OTHER	<p><u>REMOVE SPECIAL PHONE FEATURES W/IN 24 HRS. REPORT TO PROBATION OFFICER UPON RELEASE.</u></p>	
You Are to	<p>Refrain from committing any criminal offense and comply with all of your conditions of release, or you shall be subject to additional proceedings, the penalties for which are explained on the reverse side of this order.</p>	
NEXT DUE BACK	<p>On <u>WHEN NOTIFIED</u> in Courtroom _____ at _____ am/pm.</p> <p>If you have any questions about the date, time or location, call the DC Pretrial Services Agency at (202) 220-5530.</p>	<p>Your Attorney: <u>DEBRA</u> <u>202-750-7500</u></p>

Defendant's

Signature: [Signature]

I understand the penalties that may be imposed on me for willful failure to appear, for violation of any conditions of release, and I agree to comply with the conditions of my release and to appear as required.

Witnessed by: [Signature]

(title or Agency) DCRA

IMPORTANT: YOU MUST MAINTAIN YOUR RESIDENCE AT THE ABOVE ADDRESS. YOU CANNOT CHANGE YOUR ADDRESS WITHOUT PRIOR NOTIFICATION TO AND THE APPROVAL OF THE DC PRETRIAL SERVICES AGENCY. YOU MUST IMMEDIATELY NOTIFY THE DC PRETRIAL SERVICES AGENCY OF ANY CHANGE OF EMPLOYMENT OR OTHER CHANGE THAT MAY IMPACT ANY OTHER RELEASE CONDITION.

SO ORDERED:

4/25/05
 Date

[Signature]
 Signature of Judicial Officer